

# Exhibit 76



Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014**

- B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

<b>C</b> Name of organization THE PERSONAL CARE PRODUCTS COUNCIL INC	
Doing business as	
Number and street (or P O box if mail is not delivered to street address)	Room/suite
1620 L STREET NO 1200	
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 200364702	

<b>D</b> Employer identification number 13-1390920
<b>E</b> Telephone number (202) 331-1770
<b>G</b> Gross receipts \$ 26,709,934

<b>F</b> Name and address of principal officer LEZLEE WESTINE 1620 L STREET NO 1200 WASHINGTON, DC 200364702
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**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(6) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: WWW.PERSONALCARECOUNCIL.ORG

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation 1971 **M** State of legal domicile DC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities REPRESENT THE COMMON BUSINESS INTERESTS OF THE PERSONAL CARE PRODUCTS INDUSTRY
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .
<b>Revenue</b>	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
<b>Expenses</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup> . . . . .
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	***** Signature of officer	
	LEZLEE WESTINE PRESIDENT Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name FREDERICK LONGWOOD	Preparer's signature FREDERICK LONGWOOD
	Firm's name TATE AND TRYON	
	Firm's address 2021 L STREET NW 400 WASHINGTON, DC 20036	

May the IRS discuss this return with the preparer shown above? (see instructions)  
**For Paperwork Reduction Act Notice, see the separate instructions.**

**Part III** **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ . . . . .**1** Briefly describe the organization's mission

TO SECURE AND PROVIDE THROUGH THE COUNCIL THE COOPERATION AND UNITED EFFORTS OF THE PERSONAL CARE PRODUCTS INDUSTRY IN ANY MATTERS RELATING TO THE WELFARE OF THE INDUSTRY, INCLUDING REPRESENTING THE INDUSTRY BEFORE FEDERAL, STATE, AND LOCAL GOVERNMENTS IN ORDER TO MAINTAIN THE APPROPRIATE REGULATORY STATUS FOR PERSONAL CARE PRODUCTS, REPRESENTING THE INDUSTRY IN OTHER MATTERS RELATING TO ITS GENERAL WELFARE, AND SUPPORTING PRODUCT, EMPLOYEE, AND ENVIRONMENTAL SAFETY THROUGH SCIENTIFIC RESEARCH AND DEVELOPMENT OF VOLUNTARY SCIENTIFIC STANDARDS AND TEST METHODOLOGIES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code)	(Expenses \$)	including grants of \$	(Revenue \$)
	SCIENCE/COSMETICS INGREDIENT REVIEW	THE COUNCIL PROMOTES THE INDUSTRY'S COMMITMENT TO SAFETY AND SELF-REGULATION TO ENSURE THE PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT THROUGH THE USE OF SAFE INGREDIENTS IN PERSONAL CARE PRODUCTS. THE COUNCIL'S CONSUMER COMMITMENT CODE FORMALIZES EXISTING PRODUCT SAFETY PRACTICES AND DEMONSTRATES THE INDUSTRY'S COMMITMENT TO SAFETY. THE CIR REVIEWS AVAILABLE INFORMATION ON INGREDIENTS TO DETERMINE THE SAFETY OF THOSE INGREDIENTS AS USED IN PERSONAL CARE PRODUCTS AND PUBLISHES THE CONCLUSIONS OF ITS INDEPENDENT REVIEW PANEL.		

<b>4b</b>	(Code)	(Expenses \$)	including grants of \$	(Revenue \$)
	GOVERNMENT AFFAIRS/LEGAL AND REGULATORY/GLOBAL STRATEGIES	THE COUNCIL WORKS TO ENSURE THAT ALL FEDERAL AND STATE LEGISLATION AND REGULATION HAVE AN APPROPRIATE FOCUS ON CONSUMER PROTECTION AND PRODUCT AVAILABILITY. THE COUNCIL SUPPORTS MEMBER COMPANIES' ACCESS TO GLOBAL MARKETS THROUGH INTERNATIONAL ADVOCACY, REGULATORY HARMONIZATION, AND MEMBER ADVISORY SERVICES.		

<b>4c</b>	(Code)	(Expenses \$)	including grants of \$	(Revenue \$)
	PUBLIC AFFAIRS/MEETINGS/PUBLICATIONS	THE COUNCIL PROMOTES THE VALUE OF, NEED FOR, AND SAFETY OF THE INDUSTRY'S PRODUCTS AND OFFERS A VARIETY OF PRODUCTS AND SERVICES TO MEET THE CONTINUING INFORMATIONAL NEEDS OF ITS MEMBERS AND CONSUMERS.		

<b>4d</b>	Other program services (Describe in Schedule O)	(Expenses \$)	including grants of \$	(Revenue \$)

**4e** **Total program service expenses**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> . . . . .	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/> . . . . .	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III <input checked="" type="checkbox"/> . . . . .	<b>5</b> Yes	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/> . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/> . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> . . . . .	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/> . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/> . . . . .	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/> . . . . .	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII <input checked="" type="checkbox"/> . . . . .	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII <input checked="" type="checkbox"/> . . . . .	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX <input checked="" type="checkbox"/> . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/> . . . . .	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII <input checked="" type="checkbox"/> . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional <input checked="" type="checkbox"/> . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV <input checked="" type="checkbox"/> . . . . .	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV <input checked="" type="checkbox"/> . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV <input checked="" type="checkbox"/> . . . . .	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>		
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	Yes	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float: right;">80</span>		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float: right;">1</span>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float: right;">121</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. <span style="float: right;">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float: right;">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float: right;">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders. <span style="float: right;">11a</span>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <span style="float: right;">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <span style="float: right;">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <span style="float: right;">13b</span>		
<b>c</b>	Enter the amount of reserves on hand. <span style="float: right;">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		



**Part VI Governance, Management, and Disclosure** For ept 1764 response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☒

**Section A. Governing Body and Management**

			<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>	39	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	39	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			<b>Yes</b>	<b>No</b>
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	Yes	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>		No
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed▶

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
▶KRISTEN BOGENRIEF  
1620 L STREET NO 1200  
WASHINGTON, DC 200364702 (202) 331-1770

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐ . . . . . ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former							
		Highest compensated employee							
		Key employee							
		Officer							
		Institutional Trustee							
		Individual trustee or director							

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	4,735,559	0	563,030

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶28

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COVINGTON & BURLING LLP 1 CITY CENTER 850 TENTH STREET NW WASHINGTON, DC 20001	LEGAL SERVICES/CONSULTING	702,595
3D COMMUNICATIONS 15480 ANNAPOLIS ROAD SUITE 198 BOWIE, MD 20715	PUBLIC AFFAIRS CONSULTING	371,216
MEHLMAN VOGEL CASTAGNETTI 1341 G ST NW SUITE 1100 WASHINGTON, DC 20005	GOVT AFFAIRS CONSULTING	360,363
RASKY BAERLEIN STRATEGIC COMMUNICATIONS 70 FRANKLIN STREET 3RD FLOOR BOSTON, MA 02110	PUBLIC AFFAIRS CONSULTING	166,377
MIDDLE KINGDOM BUSINESS CONSULTANTS 925 15TH STREET NW SUITE 500 WASHINGTON, DC 20005	INTERNATIONAL CONSULTING	164,652

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization▶9

**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

114767

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	321,030				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	321,030				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	321,030				
<b>Program Service Revenue</b>	<b>2a</b>	MEMBERSHIP DUES	900099	12,847,174	12,847,174		
	<b>b</b>	PUBLICATIONS	541800	1,973,367	1,948,199	25,168	
	<b>c</b>	MEETINGS & CONFERENCES	900099	1,417,178	1,417,178		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	16,237,719				
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		651,761		651,761
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>		Royalties . . . . .		77,928		77,928	
<b>6a</b>		Gross rents	(i) Real	(ii) Personal			
		<b>b</b>	Less rental expenses				
		<b>c</b>	Rental income or (loss)				
		<b>d</b>	Net rental income or (loss) . . . . .				
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		<b>b</b>	Less cost or other basis and sales expenses				
		<b>c</b>	Gain or (loss)				
		<b>d</b>	Net gain or (loss) . . . . .		348,833		348,833
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>		Net income or (loss) from fundraising events . . . . .					
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>		Net income or (loss) from gaming activities . . . . .					
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>		Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>		Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>		FREE SALE CERTIFICATES	900099	1,768,165	1,768,165		
<b>b</b>	INTERESTED PARTY	900099	897,519	897,519			
<b>c</b>	APPLICATION FEES	900099	331,575	331,575			
<b>d</b>	All other revenue . . . . .		17,778	17,778			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		3,015,037				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		20,652,308	19,227,588	25,168	1,078,522	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	140,700			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,032,976			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	5,104,456			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,195,021			
<b>9</b> Other employee benefits . . . . .	461,703			
<b>10</b> Payroll taxes . . . . .	466,061			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	806,334			
<b>c</b> Accounting . . . . .	53,940			
<b>d</b> Lobbying . . . . .	1,156,836			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	71,230			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,877,605			
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	268,715			
<b>14</b> Information technology . . . . .	343,354			
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	665,082			
<b>17</b> Travel . . . . .	668,704			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,210,045			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	386,778			
<b>23</b> Insurance . . . . .	116,682			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
<b>a</b> PUBLICATIONS . . . . .	300,727			
<b>b</b> DUES, REGISTRATIONS, SU . . . . .	257,700			
<b>c</b> UBI TAX . . . . .	250			
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	469,969			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	20,054,868			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	403	<b>1</b>	400
	<b>2</b> Savings and temporary cash investments . . . . .	1,745,395	<b>2</b>	3,323,016
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	142,803	<b>4</b>	299,030
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	23,690	<b>8</b>	37,605
	<b>9</b> Prepaid expenses and deferred charges . . . . .	347,764	<b>9</b>	514,660
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,463,145		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,876,498	404,538	<b>10c</b> 1,586,647
	<b>11</b> Investments—publicly traded securities . . . . .	18,159,734	<b>11</b>	18,022,663
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	295,692	<b>15</b>	393,729
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,120,019	<b>16</b>	24,177,750	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,863,688	<b>17</b>	4,716,368
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,741,045	<b>19</b>	2,133,009
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	2,078,715	<b>25</b>	1,827,691
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,683,448	<b>26</b>	8,677,068
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	14,436,571	<b>27</b>	15,500,682
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	14,436,571	<b>33</b>	15,500,682
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	21,120,019	<b>34</b>	24,177,750

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

Yes No

1	Total revenue (must equal Part VIII, column (A), line 12)		20,652,308
2	Total expenses (must equal Part IX, column (A), line 25)		20,054,868
3	Revenue less expenses Subtract line 2 from line 1		597,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		14,436,571
5	Net unrealized gains (losses) on investments		219,355
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		247,316
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		15,500,682

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

Yes No

1	Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Software ID:

Software Version:

EIN: 13-1390920

Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT BEATTIE CHAIRMAN	0 10 0 10	X		X				0	0	0
(1) CYNTHIA BREEN VICE-CHAIRMAN	0 10 0 10	X		X				0	0	0
(2) DEBORAH ANN HENRETTA VICE-CHAIRMAN	0 10 0 10	X		X				0	0	0
(3) HEIDI MANHEIMER VICE-CHAIRMAN	0 10 0 10	X		X				0	0	0
(4) DAVID HOLL TREASURER	0 10 0 10	X		X				0	0	0
(5) GEORGE CALVERT SECRETARY	0 10 0 10	X		X				0	0	0
(6) PAMELA BAXTER MEMBER	0 10 0 10	X						0	0	0
(7) GINA BOSWELL MEMBER	0 10 0 10	X						0	0	0
(8) ROBERT CANDELINO MEMBER	0 20 0 00	X						0	0	0
(9) ANDREA D'AVACK MEMBER	0 20 0 00	X						0	0	0
(10) PETER DORNSIFE MEMBER	0 20 0 00	X						0	0	0
(11) KAREN FONDU MEMBER	0 10 0 10	X						0	0	0
(12) KEVIN F GALLAGHER MEMBER	0 20 0 00	X						0	0	0
(13) TIMOTHY HAYES MEMBER	0 20 0 00	X						0	0	0
(14) JOSEPH HEALY MEMBER	0 20 0 00	X						0	0	0
(15) PAUL IRELAND MEMBER	0 20 0 00	X						0	0	0
(16) INGRID JACKEL MEMBER	0 20 0 00	X						0	0	0
(17) DANIEL ANDRE LANGER MEMBER	0 20 0 00	X						0	0	0
(18) BERTRAND LEMONT MEMBER	0 20 0 00	X						0	0	0
(19) LINDA MARSHALL MEMBER	0 10 0 10	X						0	0	0
(20) FELIX MAYR-HARTING MEMBER	0 20 0 00	X						0	0	0
(21) CAMILLE MCDONALD MEMBER	0 20 0 00	X						0	0	0
(22) DAVID J MUENZ MEMBER	0 20 0 00	X						0	0	0
(23) PABLO MUNOZ MEMBER	0 20 0 00	X						0	0	0
(24) JACK NETHERCUTT MEMBER	0 10 0 10	X						0	0	0



(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SENNEN PAMICH ..... MEMBER	0 10 ..... 0 10	X						0	0	0
(1) GREGORY POLCER ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(2) MARC REY ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(3) AL ROBERTSON ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(4) GEORGE SCHAEFFER ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(5) PHILLIPE SCHAISSON ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(6) OLIVER SCHRADER ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(7) KEECH COMBE SHETTY ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(8) MICHAEL SLOAD ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(9) JEFF SMITH ..... MEMBER	0 10 ..... 0 10	X						0	0	0
(10) ART SPIRO ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(11) RICHARD TOLIN ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(12) JERRY VITTORIA ..... MEMBER	0 20 ..... 0 00	X						0	0	0
(13) JONATHAN ZRIHEN ..... MEMBER	0 10 ..... 0 10	X						0	0	0
(14) ROGER BARNETT ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(15) MAGGIE CIAFARDINI ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(16) GEORGE CLEARY ..... MEMBER (RESIGNED DURING 2014)	0 10 ..... 0 10	X						0	0	0
(17) CHRISTOPHER B COMBE ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(18) CHRIS ELSHAW ..... MEMBER (RESIGNED DURING 2014)	0 10 ..... 0 10	X						0	0	0
(19) WILLIAM J GENTNER ..... MEMBER (RESIGNED DURING 2014)	0 10 ..... 0 10	X						0	0	0
(20) STEPHAN KANLIAN ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(21) JAMES J MACKAY ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(22) ROBERT M PHILLIPS ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(23) COSIMO POLICASTRO ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0
(24) CHRISTOPHE DE VILLEPREE ..... MEMBER (RESIGNED DURING 2014)	0 20 ..... 0 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		
(51) LEZLEE WESTINE ..... PRESIDENT & CEO	40 00 ..... 0 00			X				963,960	0 44,762
(1) KRISTEN BOGENRIEF ..... EVP FINANCE & ADMIN	40 00 ..... 0 00			X				444,276	0 34,413
(2) MARK POLLAK ..... SR VP STRATEGIC INITIATIVES	40 00 ..... 0 00			X				364,041	0 47,026
(3) ELIZABETH ANDERSON ..... EVP GENERAL COUNSEL	40 00 ..... 0 00				X			313,879	0 47,026
(4) LILLIAN GILL ..... EXECUTIVE DIRECTOR	40 00 ..... 0 00				X			287,199	0 42,073
(5) JOHN HURSON ..... EVP GOVERNMENT AFFAIRS	40 00 ..... 0 00				X			421,675	0 47,026
(6) FRANCINE LAMORIELLO ..... EVP GLOBAL STRATEGIES	40 00 ..... 0 00				X			412,126	0 40,835
(7) BETH LANGE ..... EVP SCIENCE (7/14-12/14)	40 00 ..... 0 00				X			290,951	0 32,364
(8) LISA POWERS ..... EVP PUBLIC AFFAIRS	40 00 ..... 0 00				X			225,319	0 38,074
(9) JAY ANSELL ..... VP COSMETIC PROGRAMS	40 00 ..... 0 00					X		205,694	0 41,505
(10) IVAN BOYER ..... SENIOR TOXICOLOGIST	40 00 ..... 0 00					X		183,438	0 38,349
(11) THOMAS MYERS ..... ASSOCIATE GENERAL COUNSEL	40 00 ..... 0 00					X		191,090	0 36,873
(12) MORRIS SCHMIER ..... VP FINANCE	40 00 ..... 0 00					X		194,686	0 33,942
(13) MICHAEL THOMPSON ..... SR VP GOVERNMENT AFFAIRS	40 00 ..... 0 00					X		237,225	0 38,762

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DLN: 93493152000075

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As Filed Data -

**SCHEDULE C**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2014****Open to Public  
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at****[www.irs.gov/form990](http://www.irs.gov/form990).****If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization

THE PERSONAL CARE PRODUCTS COUNCIL INC

**Employer identification number**

13-1390920

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.****1** Provide a description of the organization's direct and indirect political campaign activities in Part IV**2** Political expenditures ▶ \$ \_\_\_\_\_**3** Volunteer hours \_\_\_\_\_**Part I-B Complete if the organization is exempt under section 501(c)(3).****1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No**4a** Was a correction made? ☐ Yes ☐ No**b** If "Yes," describe in Part IV**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).****1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_**4** Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes ☐ No ☐

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Page **3****Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	No
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	12,847,174
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	2,701,081
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	2,701,081
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	3,340,265
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	-639,184

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

## Part IV

[illegible]



**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
 ▶ **Attach to Form 990.**

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

THE PERSONAL CARE PRODUCTS COUNCIL INC

**Employer identification number**

13-1390920

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . . ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	11,153,562	10,418,927	9,208,815	10,448,663	9,936,695
<b>b</b> Contributions . . . . .	1,965,640	1,483,224	1,423,242	268,363	978,813
<b>c</b> Net investment earnings, gains, and losses	219,355	-153,825	581,233	-497,588	531,570
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,368,197	594,764	794,363	1,010,623	998,415
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	11,970,360	11,153,562	10,418,927	9,208,815	10,448,663

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ☐ 100 000 %

**b** Permanent endowment ☐ 0 %

**c** Temporarily restricted endowment ☐ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		1,408,914	134,182	1,274,732
<b>d</b> Equipment . . . . .		1,933,162	1,662,075	271,087
<b>e</b> Other . . . . .		121,069	80,241	40,828
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				1,586,647

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1 Federal income taxes	
ACCRUED PENSION LIABILITY	1,825,109
DUE TO AFFILIATE	2,582
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,827,691

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2014

Page **4****Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	20,871,663
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	219,355
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	219,355
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,652,308
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	20,652,308

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	20,054,868
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,054,868
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	20,054,868

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE COUNCIL'S BOARD OF DIRECTORS HAS AUTHORIZED THE USE OF THE BOARD-DESIGNATED NET ASSETS FOR ANY FISCAL YEAR'S EXPENSES THAT CANNOT BE COVERED BY THAT YEAR'S REVENUE. THE BOARD-DESIGNATED NET ASSETS ALSO ARE USED TO OFFSET ANY UNREALIZED LOSSES ON INVESTMENTS IN ANY GIVEN FISCAL YEAR. ACCORDINGLY, AT YEAR-END ANY OPERATING SURPLUS OR DEFICIT AND ANY UNREALIZED GAINS OR LOSSES ON INVESTMENTS ARE TRANSFERRED TO THE BOARD-DESIGNATED FUND.
PART X, LINE 2	THE COUNCIL BELIEVES THAT THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE COUNCIL'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

### Part XIII Supplemental Information (continued)

[illegible]

OMB No 1545-0047

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

# 2014

Open to Public  
Inspection

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

## Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

## 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	0	0	PROGRAM SERVICES	STAFF TRAVEL	8,329
(2) EUROPE	0	0	PROGRAM SERVICES	STAFF TRAVEL & IT EXPENSES	90,934
(3) SOUTH AMERICA	0	0	PROGRAM SERVICES	STAFF TRAVEL	3,392
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STAFF TRAVEL	89,034
(5)					
<b>3a</b> Sub-total	0	0			191,689
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			191,689

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50082W Schedule F (Form 990) 2014



Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" to Form 990, (b)(3)

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▲

**3** Enter total number of other organizations or entities . . . . . **▲**

**Part III**

**Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- |   |  |                              |  |
|---|--|------------------------------|--|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)</i>   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)</i>   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Schedule F (Form 990) 2014**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1390920

**Name:** THE PERSONAL CARE PRODUCTS COUNCIL INC

Schedule F (Form 990) 2014

Page 5

### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

2014

Open to Public Inspection

Name of the organization THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY EASTERN DIVISION 132 WEST 32ND STREET NEW YORK, NY 10019	16-0743902	501(C)(3)	20,000				CONTRIBUTION
(2) THE SKIN CANCER FOUNDATION 149 MADISON AVE SUITE 901 NEW YORK, NY 10016	13-2948778	501(C)(3)	10,000				CONTRIBUTION
(3) NAT'L CONF OF STATE LEGISLATURES 7700 EAST FIRST PLACE DENVER, CO 80230	84-0772595	501(C)(3)	20,500				SPONSORSHIP & CONTRIBUTION
(4) JAMES C MARSHALL OCD FOUNDATION INC 6804 SEYBOLD ROAD MADISON, WI 53719	30-0098471	501(C)(3)	10,000				CONTRIBUTION
(5) SETAC 229 S BAYLEN ST PENSACOLA, FL 32502	52-1184315	501(C)(6)	7,500				SPONSORSHIP
(6) COMPETITIVE ENTERPRISE INSTITUTE 1899 L STREET NW 12TH FLOOR WASHINGTON, DC 20036	52-1351785	501(C)(3)	5,500				CONTRIBUTION

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------



<b>efile GRAPHIC print - DO NOT PROCESS</b>	<b>As Filed Data -</b>	<b>DLN: 93493152000075</b>
<b>Schedule J</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Compensation Information</b>  <b>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <b>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold;">2014</div> <b>Open to Public Inspection</b>

Name of the organization  
THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number  
13-1390920

## Part I Questions Regarding Compensation

	Yes	No									
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b> Yes										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes										
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <table style="width: 100%; margin-top: 5px;"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td style="text-align: center;"><b>4a</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td style="text-align: center;"><b>4b</b></td> <td style="text-align: center;">No</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td style="text-align: center;"><b>4c</b></td> <td style="text-align: center;">No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table style="width: 100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization?</td> <td style="text-align: center;"><b>5a</b></td> <td></td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td style="text-align: center;"><b>5b</b></td> <td></td> </tr> </table> If "Yes," to line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>		<b>b</b> Any related organization?	<b>5b</b>						
<b>a</b> The organization?	<b>5a</b>										
<b>b</b> Any related organization?	<b>5b</b>										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table style="width: 100%; margin-top: 5px;"> <tr> <td><b>a</b> The organization?</td> <td style="text-align: center;"><b>6a</b></td> <td></td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td style="text-align: center;"><b>6b</b></td> <td></td> </tr> </table> If "Yes," to line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>		<b>b</b> Any related organization?	<b>6b</b>						
<b>a</b> The organization?	<b>6a</b>										
<b>b</b> Any related organization?	<b>6b</b>										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>										
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>										
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	RAIL TRAVEL-ON AMTRAK'S ACELA EXPRESS; THERE IS NO COACH CLASS THE LOWEST CLASS OF SERVICE ON THAT TRAIN IS BUSINESS CLASS EMPLOYEES BELOW THE LEVEL OF EXECUTIVE VICE PRESIDENT ARE PERMITTED TO TRAVEL IN BUSINESS CLASS ON THE ACELA EXPRESS THE PRESIDENT AND EXECUTIVE VICE PRESIDENTS ARE PERMITTED TO TRAVEL IN THE NEXT CLASS (FIRST CLASS) IN THE FOLLOWING SITUATIONS (1) WHERE THERE ARE NO BUSINESS CLASS TICKETS STILL AVAILABLE ON A TRAIN THAT WILL GET THEM TO/FROM THEIR DESTINATION IN A TIMELY MANNER, (2) WHERE THEY MUST TRAVEL FOR A BUSINESS PURPOSE OVER A MEAL TIME SINCE FIRST CLASS ON THE ACELA EXPRESS INCLUDES A MEAL TRAVEL FOR COMPANIONS-EXECUTIVE VICE PRESIDENTS ARE PERMITTED TO BRING THEIR SPOUSES OR SIGNIFICANT OTHERS TO THE ASSOCIATION'S ANNUAL MEETING THE ASSOCIATION REIMBURSES THE STAFF PERSON FOR THESE EXPENSES AND RECORDS THE REIMBURSEMENT AS ADDITIONAL INCOME ON THE STAFF PERSON'S W-2 TAX INDENMNIFICATION AND GROSS-UP PAYMENTS- THE COUNCIL DISTRIBUTES SMALL DENOMINATION HOLIDAY GIFT CARDS TO STAFF AT ALL LEVELS AND REPORTS THOSE GIFT CARDS ON THE STAFF PERSON'S W-2 OCCASIONALLY OTHER SMALL GIFTS ARE GIVEN TO STAFF AND THESE ALSO ARE RECORDED ON THE STAFF PERSON'S W-2

# Additional Data

Software ID:

Software Version:

EIN: 13-1390920

Name: THE PERSONAL CARE PRODUCTS COUNCIL INC

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> LEZLEE WESTINE, PRESIDENT & CEO	630,907	300,000	33,053	29,700	15,062	1,008,722	0
<b>1</b> KRISTEN BOGENRIEF, EVP FINANCE & ADMIN	390,504	29,125	24,647	29,700	4,713	478,689	0
<b>2</b> MARK POLLAK, SR VP STRATEGIC INITIATIVES	311,271	23,550	29,220	29,700	17,326	411,067	0
<b>3</b> ELIZABETH ANDERSON, EVP GENERAL COUNSEL	280,984	22,750	10,145	29,700	17,326	360,905	0
<b>4</b> LILLIAN GILL, EXECUTIVE DIRECTOR	270,127	10,800	6,272	29,700	12,373	329,272	0
<b>5</b> JOHN HURSON, EVP GOVERNMENT AFFAIRS	365,941	29,225	26,509	29,700	17,326	468,701	0
<b>6</b> FRANCINE LAMORIELLO, EVP GLOBAL STRATEGIES	354,611	27,825	29,690	29,700	11,135	452,961	0
<b>7</b> BETH LANGE, EVP SCIENCE (7/14-12/14)	168,770	110,271	11,910	12,534	19,830	323,315	0
<b>8</b> LISA POWERS, EVP PUBLIC AFFAIRS	224,111	0	1,208	26,999	11,075	263,393	0
<b>9</b> JAY ANSELL, VP COSMETIC PROGRAMS	202,946	0	2,748	25,095	16,410	247,199	0
<b>10</b> IVAN BOYER, SENIOR TOXICOLOGIST	180,706	0	2,732	22,969	15,380	221,787	0
<b>11</b> THOMAS MYERS, ASSOCIATE GENERAL COUNSEL	189,077	0	2,013	22,536	14,337	227,963	0
<b>12</b> MORRIS SCHMIER, VP FINANCE	190,801	0	3,885	22,927	11,015	228,628	0
<b>13</b> MICHAEL THOMPSON, SR VP GOVERNMENT AFFAIRS	233,217	0	4,008	27,825	10,937	275,987	0

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**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No. 1545-0047

**2014****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

► **Attach to Form 990 or Form 990-EZ.**

► **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section

4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II****Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total

► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDERSON COURT REPORTING	SPOUSE OF ELIZABETH ANDERSON, EMPLOYEE OF THE COUNCIL	30,686	ANDERSON COURT REPORTING IS AN INDEPENDENT CONTRACTOR WHOSE OWNER IS THE SPOUSE OF A KEY EMPLOYEE, ELIZABETH ANDERSON. THIS COMPANY DOES TRANSCRIPTION WORK FOR THE COUNCIL'S COSMETIC INGREDIENT REVIEW PROGRAM		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ► **Attach to Form 990.**  
 ► **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( COSMETICS )	X	17	321,030	FMV
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**Schedule M (Form 990) (2014)**



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OMB No 1545-0047

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2014**

**Open to Public  
Inspection**

Name of the organization  
THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	SOME OF THE MEMBERS OF THE BOARD OF DIRECTORS ARE THE HEADS OF COMMITTEES, AND DO NOT HAVE VOTING RIGHTS FOR MATTERS COMING BEFORE THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE COUNCIL IS ORGANIZED AS A NOT-FOR-PROFIT ASSOCIATION IT'S MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ASSOCIATION'S MEMBERS ELECT THE OFFICERS OF THE ASSOCIATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	<p>THE FINANCE AND AUDIT COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S FINANCIAL AND OTHER GOVERNING AND OPERATING POLICIES. THE FINANCE AND AUDIT COMMITTEE IS COMPRISED OF THE CHAIRMAN OF THE BOARD, THE TREASURER, AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE APPOINTED BY THE BOARD TO ADDRESS THE ISSUE OF THE PRACTICALITY OF A FULL BOARD REVIEW OF THE 990S. THIS COMMITTEE WILL RECEIVE DRAFT COPIES OF THE 990S, REVIEW THEM, AND APPROVE THEM FOR ISSUANCE. THIS REVIEW WILL TAKE PLACE IN A TIME FRAME THAT WILL ALLOW THE 990S TO BE FILED BY THE APPLICABLE FILING DATE. THE COMMITTEE'S REVIEW WILL BE CONDUCTED WITH THE THIRD PARTY TAX PREPARERS AND MANAGEMENT OF THE COUNCIL/FOUNDATION. A REPORT WILL BE MADE TO THE BOARD AT ITS NEXT MEETING THAT THE REVIEW AND APPROVAL OF THE 990S TOOK PLACE, AND THAT THEY HAVE BEEN FILED.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ANNUALLY ALL DIRECTORS, OFFICERS, AND SENIOR STAFF EMPLOYEES WILL RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY TOGETHER WITH A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE, WHICH SHALL BE COMPLETED AT LEAST ANNUALLY. EACH NEW DIRECTOR, OFFICER, AND SENIOR STAFF EMPLOYEE SHALL PARTICIPATE IN A SIMILAR PROCEDURE IMMEDIATELY UPON ASSUMPTION OF HIS OR HER RESPONSIBILITIES. DIRECTORS, ANY MEMBER OF THE BOARD OF DIRECTORS WHO MAY BE INVOLVED IN A COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL PROMPTLY NOTIFY THE PRESIDENT OR THE GENERAL COUNSEL. THE BOARD MEMBER SHALL REFRAIN FROM VOTING ON ANY SUCH TRANSACTION, PARTICIPATING IN DELIBERATIONS CONCERNING IT, OR USING PERSONAL INFLUENCE IN ANY WAY IN THE MATTER. THE BOARD MEMBER'S PRESENCE MAY NOT BE COUNTED IN DETERMINING THE QUORUM FOR ANY VOTE WITH RESPECT TO A COUNCIL BUSINESS TRANSACTION IN WHICH HE OR SHE HAS A POSSIBLE CONFLICT OF INTEREST. THE BOARD MEMBER, OR THE CHAIRMAN IN THE DIRECTOR'S ABSENCE, SHALL DISCLOSE A POSSIBLE CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD BEFORE ANY VOTE ON A COUNCIL BUSINESS TRANSACTION AND SUCH DISCLOSURE SHALL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH IT IS MADE. ANY COUNCIL BUSINESS TRANSACTION WHICH INVOLVES A POSSIBLE CONFLICT OF INTEREST WITH A MEMBER OF THE BOARD OF DIRECTORS SHALL HAVE TERMS THAT ARE AT LEAST AS FAIR AND REASONABLE TO THE COUNCIL AS THOSE THAT WOULD OTHERWISE BE AVAILABLE TO THE COUNCIL IF IT WERE DEALING WITH AN UNRELATED PARTY. STAFF. ANY SENIOR STAFF MEMBER WHO MAY BE INVOLVED IN A COUNCIL BUSINESS TRANSACTION IN WHICH THERE IS A POSSIBLE CONFLICT OF INTEREST SHALL PROMPTLY REPORT THE POSSIBLE CONFLICT TO THE PRESIDENT OR GENERAL COUNSEL. IF THE POSSIBLE CONFLICT INVOLVES THE PRESIDENT, THE POSSIBLE CONFLICT SHALL BE REPORTED TO THE CHAIRMAN OF THE BOARD BY THE PRESIDENT. THE PRESIDENT, OR WHERE APPLICABLE THE CHAIRMAN, AFTER RECEIVING INFORMATION ABOUT A POSSIBLE CONFLICT OF INTEREST, SHALL TAKE SUCH ACTION AS IS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF THE ASSOCIATION WITHOUT THE SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST. THIS DOES NOT MEAN THAT THE PURCHASE OR OTHER TRANSACTION MUST NECESSARILY BE DIVERTED, BUT SIMPLY THAT PERSONS OTHER THAN THE ONE WITH THE POSSIBLE CONFLICT SHALL MAKE THE JUDGMENTS INVOLVED AND SHALL CONTROL THE TRANSACTION. A WRITTEN RECORD OF ANY REPORT OF POSSIBLE CONFLICT AND OF ANY ADJUSTMENTS MADE TO AVOID POSSIBLE CONFLICTS OF INTEREST SHALL BE KEPT BY THE PRESIDENT OR THE GENERAL COUNSEL. ANY DISPUTED ACTION WITH RESPECT TO THIS POLICY SHALL BE RESOLVED BY THE BOARD.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE (THE "COMMITTEE") OF THE BOARD OF DIRECTORS ASSISTS THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO THE COUNCIL'S COMPENSATION OF STAFF. SPECIFICALLY, THIS INCLUDES DETERMINING THE COUNCIL'S COMPENSATION PHILOSOPHY AND DETERMINATION AND APPROVAL OF THE CEO'S COMPENSATION. WITHIN THE COMPENSATION PHILOSOPHY AND SYSTEM APPROVED BY THE COMMITTEE, THE CEO IS SOLELY RESPONSIBLE FOR ADMINISTERING THE COMPENSATION SYSTEM FOR ALL COUNCIL EMPLOYEES OTHER THAN THE CEO. THE COMMITTEE, HOWEVER, WILL REVIEW AND APPROVE THE COMPENSATION OF OTHER EXECUTIVE (NON-CEO) STAFF TO CONFIRM THAT PAY LEVELS ARE WITHIN MARKET PRACTICE AND THE COUNCIL'S COMPENSATION PHILOSOPHY. THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL APPOINT A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE EXECUTIVE COMMITTEE, WHO HAVE NO RELATIONSHIP TO THE COUNCIL THAT MAY INTERFERE WITH THE EXERCISE OF THEIR INDEPENDENCE FROM MANAGEMENT OF THE COUNCIL. THE CHAIRMAN OF THE BOARD OF DIRECTORS OR A COMPENSATION COMMITTEE MEMBER DESIGNEE SHALL SERVE AS THE CHAIR PERSON OF THIS COMMITTEE. ALL MEMBERS OF THE COMMITTEE SHALL HAVE A WORKING FAMILIARITY WITH FUNDAMENTAL COMPENSATION PRACTICES, DUTIES AND RESPONSIBILITIES. THE PRINCIPAL DUTIES AND RESPONSIBILITIES OF THE COMMITTEE ARE (1) TO APPROVE THE COUNCIL'S COMPENSATION PHILOSOPHY, WHICH INCLUDES SPECIFYING MARKETPLACE DEFINITION AND TARGET COMPENSATION LEVELS RELATIVE TO THE MARKETPLACE (2) TO EVALUATE THE CEO'S PERFORMANCE IN LIGHT OF THE COUNCIL'S ANNUAL GOALS AND OBJECTIVES AND DETERMINE THE ANNUAL BASE SALARY AND ANNUAL INCENTIVE-BASED COMPENSATION FOR THE CEO (3) TO REVIEW AND APPROVE THE CEO'S RECOMMENDATIONS REGARDING COMPENSATION FOR OTHER EXECUTIVE STAFF (4) TO APPROVE ANY EMPLOYMENT CONTRACT APPLICABLE TO THE PRESIDENT/CEO (5) AND TO PERIODICALLY REVIEW BOTH REGIONAL AND INDUSTRY-WIDE COMPENSATION PRACTICES AND TRENDS IN ORDER TO ASSESS THE APPROPRIATENESS AND COMPETITIVENESS OF THE COUNCIL'S EXECUTIVE COMPENSATION PROGRAMS AMONG COMPARABLE COMPANIES IN THE COUNCIL'S INDUSTRY. IN CONDUCTING THIS PERIODIC REVIEW, THE COMMITTEE SHALL HAVE THE RESOURCES AND AUTHORITY APPROPRIATE TO DISCHARGE ITS RESPONSIBILITIES, INCLUDING THE AUTHORITY TO RETAIN CONSULTANTS, ACCOUNTANTS, AND LEGAL OR OTHER ADVISORS, AT THE COUNCIL'S EXPENSE. ANY CONSULTANTS OR OTHER ADVISORS RETAINED SHALL BE INDEPENDENT AND HAVE APPROPRIATE EXPERTISE REGARDING COMPENSATION ARRANGEMENTS FOR NONPROFIT TAX-EXEMPT CORPORATIONS. PROCESS ANNUAL PERFORMANCE OBJECTIVES ARE DEVELOPED AS A BASIS FOR ASSESSING THE CEO'S ANNUAL PERFORMANCE AND FOR COMPENSATION REWARDS AT YEAR-END. THE PERFORMANCE OBJECTIVES ARE LINKED TO THE COUNCIL'S ANNUAL GOALS AND OBJECTIVES. THEY COMBINE SUBSTANTIVE (E.G., POLICY/GOVERNMENTAL) OBJECTIVES WITH MEASURES OF INTERNAL EFFECTIVENESS (FOR EXAMPLE, MEMBERSHIP AND PERFORMANCE AGAINST BUDGET). THEY ARE WRITTEN TO BE AS CONCRETE AND NUMERICAL AS POSSIBLE. THE CHAIRMAN OF THE BOARD, WITH INVOLVEMENT OF MEMBERS OF THE COMPENSATION OR EXECUTIVE COMMITTEES AS APPROPRIATE, REVIEWS AND APPROVES THESE OBJECTIVES. AT YEAR-END, THE COMPENSATION COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE CEO TO DETERMINE THE EXTENT TO WHICH THE ANNUAL PERFORMANCE OBJECTIVES HAVE BEEN MET. THE COMMITTEE MAY SEEK INPUT FROM OTHER MEMBERS OF THE BOARD REGARDING THE CEO'S PERFORMANCE. BASED ON THE PERFORMANCE REVIEW OF THE CEO, THE COMMITTEE WILL DETERMINE THE LEVEL OF INCENTIVE COMPENSATION TO BE AWARDED TO THE CEO FOR THE PREVIOUS YEAR'S PERFORMANCE. THE COMMITTEE WILL ALSO DETERMINE THE BASE SALARY INCREASE FOR THE CEO FOR THE COMING YEAR. IN MAKING THIS DETERMINATION, THE COMMITTEE WILL CONSIDER THE CEO'S CURRENT AND HISTORICAL PERFORMANCE, AS WELL AS RELEVANT MARKET DATA. THE COMMITTEE WILL REVIEW THE CEO'S COMPENSATION DECISIONS REGARDING OTHER EXECUTIVE STAFF TO CONFIRM THAT THEY ARE IN KEEPING WITH THE COUNCIL'S COMPENSATION PHILOSOPHY AND CURRENT MARKET PRACTICE. THE CEO'S COMPENSATION DECISIONS ARE BASED ON THE EXECUTIVES ANNUAL PERFORMANCE AGAINST THEIR PERFORMANCE OBJECTIVES, WHICH HAVE BEEN APPROVED BY THE CEO. ADMINISTRATION THE COMMITTEE SHALL MEET AS OFTEN AS NECESSARY TO CARRY OUT ITS RESPONSIBILITIES. A MAJORITY OF THE MEMBERS PRESENT WILL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS, AND ANY ACTION APPROVED BY AT LEAST A MAJORITY OF THE MEMBERS SHALL REPRESENT THE VALID ACTION OF THE COMMITTEE. THE COMMITTEE SHALL MAINTAIN WRITTEN MINUTES OF ALL OF ITS MEETINGS. THE MINUTES SHALL BE CIRCULATED IN DRAFT FORM TO ALL COMMITTEE MEMBERS TO ENSURE ACCURACY AND SHALL BE APPROVED AT A SUBSEQUENT MEETING OF THE COMMITTEE. DOCUMENTATION OF COMMITTEE APPROVALS OF COMPENSATION MAY BE DONE BY EMAIL IF THE APPROVAL BY INDIVIDUAL MEMBERS OF THE COMMITTEE MUST OCCUR AFTER THE CONCLUSION OF AN ACTUAL MEETING.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE COUNCIL ONLY MAKES THE 990S AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST THE COUNCIL WILL MAKE GOVERNING DOCUMENTS, POLICIES, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO MEMBERS IF REQUESTED

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY 247,316



Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990.  
 ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

THE PERSONAL CARE PRODUCTS COUNCIL INC

Employer identification number

13-1390920

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) COUNCIL'S FEDERAL PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 57-1193100	FEDERAL PAC	DC	527		THE PERSONAL CARE PRODUCTS COUNCIL INC		No
(2) COUNCIL'S STATE PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 54-0836354	STATE PAC	CA	527		THE PERSONAL CARE PRODUCTS COUNCIL INC		No
(3) COUNCIL'S STATE PAC 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 14-1747878	STATE PAC	NY	527		THE PERSONAL CARE PRODUCTS COUNCIL INC		No
(4) PERSONAL CARE PRODUCTS COUNCIL-FOUNDATION 1620 L STREET NW SUITE 1200 WASHINGTON, DC 20036 52-1523017	CANCER PATIENTS EDUCATION	DC	501(C)(3)		THE PERSONAL CARE PRODUCTS COUNCIL INC		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV**

**Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	No
<b>1o</b>	Yes	No
<b>1p</b>		No
<b>1q</b>	Yes	No
<b>1r</b>		No
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	N	86,434	ACTUAL COSTS
(2) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	O	90,613	ACTUAL COST PLUS BENEFIT REC'D
(3) PERSONAL CARE PRODUCTS COUNCIL - FOUNDATION	Q	1,019,194	ACTUAL REIMBURSEMENT RECEIVED

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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